CERTIFICATE OF TR	Docket No. RSW920000182US1		
Serial No. 09/838,732	Filing Date 04/19/2001	Examiner Wilbert L. Starks	Group Art Unit 2121
		ATA SELECTION TO TEST A	AND TRAIN PREDICTIVE
GORITHMS OF CUSTON	MER BEHAVIOR		Section 1 to
			Ġ.y.
			ide, view e €000
nereby certify that this _	Change of Corr. Address	s., Auth. to Act in a Representa (Identify type of correspondence)	itive Cap., Cert. of Facs.
being facsimile transmitte	ed to the United States Paten	t and Trademark Office (Fax. I	No. <u>703-872-9306</u>
01/5/05			
(Date)			
		Colleen Bu	
		Collean Buen	News
	racelle e per per re	(Signature	8)
	Note: Each paper must ha	eve its own certificate of mailing.	

3.3

Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY						
In re Application of:				<u> </u>		
III te Application of.	Frederick D. Busche			<u> </u>		
Application No.	09/838,732					
Filed:	04/19/2001					
Title:	METHOD AND SYSTEM FOR SAMPLE DATA SELECTION TO TEST AND TRAIN PREDICTIVE ALGORITHMS OF CUSTOMER BEHAVIOR					
Attorney Docket No.	RSW920000182US1	Art Unit: 2121				
concerned. Fr	er named below is authorized to co urthermore, the practitioner is authorized to 37 CFR 1.34: Name	onduct interviews a	pondence in	the above-identified		
4100	Yee Associates, P.C. Alpha Road, Suite 1100 as, TX 75244		34285			
This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.						
SIGNATURE of Practitioner of Record						
Name John	R. Pivnichny					
Signature	ola Pericley		Date	01/05/05		
Registration 43,0		•	Telephone	607-429-4358		

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTQ-9199 and select option 2.